CACFP Infant Menu and Production Record 8 through11 Months of Age

MM	=	Mo	ther	'S	Mil

IFIF = Iron Fortified Infant Formula

IFIC = Iron Fortified Infant Cereal

		Infant's Name:			Infant's Name:		
		Age:Formula	:		Age:Formula		
		Breakfast	AM/PM Snack	Lunch/Supper	Breakfast	AM/PM Snack	Lunch/Supper
Infant Meal Pattern		IFIF/ MM oz.	IFIF/MM	IFIF/MM oz.	IFIF/ MM oz.	IFIF/MM	IFIF/MM oz.
Breakfast: •IFIF or MM *	Monday	IFIC Tbsp.	or Full Strength Juice oz.	Meat or Meat Alternate or IFIC Tbsp.	IFIC Tbsp.	or Full Strength Juice oz.	Meat or Meat Alternate or IFIC Tbsp.
6-8 fluid oz. ■IFIC 2-4 Tablespoons		Fruit/Vegetable Tbsp.	Bread or Crackers	Fruit/Vegetable Tbsp. IFIF/MM oz.	Fruit/Vegetable Tbsp.	Bread or Crackers ———	Fruit/VegetableTbsp. IFIF/MM oz.
Fruit/Vegetable or both (no juice) 1-4 Tablespoons	Tuesday	IFIF/ MM oz. IFIC Tbsp.	IFIF/MM or Full Strength Juice oz.	IFIF/MM oz. Meat or Meat Alternate or IFIC Tbsp.	IFIF/ MM oz. IFIC Tbsp.	IFIF/MM or Full Strength Juice oz.	IFIF/MM oz. Meat or Meat Alternate or IFIC Tbsp.
AM/PM Snack: • IFIF or MM * or Full Strength Fruit Juice	Tu	Fruit/Vegetable Tbsp.	Bread or Crackers	Fruit/Vegetable Tbsp.	Fruit/Vegetable Tbsp.	Bread or Crackers	Fruit/Vegetable Tbsp.
2-4 fluid oz. Bread ** 0-1/2 Slice or Crackers** 0-2 Crackers	Wednesday	IFIF/ MM oz. IFIC Tbsp. Fruit/Vegetable Tbsp.	IFIF/MM or Full Strength Juice oz. Bread or Crackers	Tbsp. IFIF/MMoz. Meat or Meat Alternate or IFICTbsp. Fruit/Vegetable	IFIF/ MM oz. IFIC Tbsp. Fruit/Vegetable Tbsp.	IFIF/MM or Full Strength Juice oz. Bread or Crackers	IFIF/MM oz. Meat or Meat Alternate or IFIC Tbsp. Fruit/Vegetable
Lunch/Supper: IFIF or MM * 6-8 fluid oz.	sday	IFIF/ MM oz. IFIC Tbsp.	IFIF/MM or Full Strength Juiceoz.	Tbsp. IFIF/MM oz. Meat or Meat Alternate	IFIF/ MM oz. IFIC Tbsp.	IFIF/MM or Full Strength Juice oz.	Tbsp. IFIF/MM oz. Meat or Meat Alternate
■Meat/Meat Alt. *** 1-4 Tablespoons or ½-2 oz. Cheese or	Thursday	Fruit/VegetableTbsp.	Bread or Crackers	or IFIC Tbsp. Fruit/Vegetable Tbsp.	Fruit/VegetableTbsp.	Bread or Crackers	or IFIC Tbsp. Fruit/Vegetable Tbsp.
1-4 Tablespoons	Friday	IFIF/ MM oz. IFIC Tbsp.	IFIF/MM or Full Strength Juice oz.	IFIF/MM oz. Meat or Meat Alternate or IFIC Tbsp.	IFIF/ MM oz. IFIC Tbsp.	IFIF/MM or Full Strength Juice oz.	IFIF/MM oz. Meat or Meat Alternate or IFIC Tbsp.
		Fruit/Vegetable Tbsp.	Bread or Crackers	Fruit/Vegetable Tbsp.	Fruit/Vegetable Tbsp.	Bread or Crackers ———	Fruit/Vegetable Tbsp.
☐ I verify that I have served Mother's Milk o☐ I verify that there is a Formula Decision F☐ I verify that infants were offered the requi☐ I verify that the above information is corrected.	orm o	n file (not required if the infant is ods listed for their age group, as	receiving Mother's Milk.) developmentally appropriate.	Milk offered if the infant is	onent is required when the i	•	

Date

This menu and production record covers the week of

Signature

^{***}Hot dogs, frankfurters, corn dogs, and sausages are <u>NOT</u> CREDITABLE FOR INFANTS. Fish sticks, patties, nuggets, or other commercial breaded or battered seafood products or canned, fresh, or frozen fish with bones are <u>NOT</u> creditable for infants